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021603 7590 11/06/2003

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David E. Lovejoy (Depositor's name)  
David E. Lovejoy (Signature)  
February 5, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/624,747	07/24/2000	Drew Shaffer Roselli	ATAE-01015US0 DEL	6409

TITLE OF INVENTION: FAULT MONITOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	02/06/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHU, GABRIEL L	2184	714-017000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 David E. Lovejoy

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

David E. Lovejoy

Tiburon, CA

Please check the appropriate assignee category or categories (will not be printed on the patent);

☒ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☒ Advance Order - # of Copies 10

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(Authorized Signature) David E. Lovejoy (Date) February 5, 2004

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01 FC:2501

02 FC:8001

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30.00 OP

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